MEDICAL AND REPRODUCTIVE HISTORY QUESTIONNAIRE

(BIRTH CONTROL HISTORY)

OF THE

BREAST CANCER COMPREHENSIVE PROJECT

MAY 1998

BIRTH CONTROL HISTORY

Q1.   I would like to ask about your use of birth control methods and any sterilization procedure you or your partner or partners may have had. Have you ever used a method of birth control for any reason, including the regulation of your periods?

                    YES   1

                    NO   5   (NEXT SECTION)

        (If YES, record the complete birth control history of the respondent on next page. Each method and the continuous time span throughout which it was used should be a separate entry. Thus, if the respondent has used the same method at three different points in her life, three separate entries should be made. If the method was an IUD, make a separate entry for each removal and reinsertion even if the same type was used again.

        Each entry on the next page should be followed by an entry onto the calendar in red indicating the starting and ending month of each episode. If respondent has not used birth control consistently, please review any unexplained gaps in time to determine if an episode of birth control was overlooked or her partner was sterile and that was not noted.)

Let's go back in time to discuss the first birth control method you used. Then, we'll discuss any others.			
BIRTH CONTROL METHOD	Q2. What was the (1st/2nd/etc.) birth control method you used? (SHOW CARD #1)	Q3. When did you first use (1st/2nd/etc.)? What was the month and year?	Q4. When did you stop using this method? What was the month and year?
1st	/__/__/ (CODE)	/__/__/ /__/__/__/__/ (MONTH) (YEAR) /__/__/ (AGE)	/__/__/ /__/__/__/__/ (MONTH) (YEAR) /__/__/ (AGE)
2nd	/__/__/ (CODE)	/__/__/ /__/__/__/__/ (MONTH) (YEAR) /__/__/ (AGE)	/__/__/ /__/__/__/__/ (MONTH) (YEAR) /__/__/ (AGE)
3rd	/__/__/ (CODE)	/__/__/ /__/__/__/__/ (MONTH) (YEAR) /__/__/ (AGE)	/__/__/ /__/__/__/__/ (MONTH) (YEAR) /__/__/ (AGE)
4th	/__/__/ (CODE)	/__/__/ /__/__/__/__/ (MONTH) (YEAR) /__/__/ (AGE)	/__/__/ /__/__/__/__/ (MONTH) (YEAR) /__/__/ (AGE)
5th	/__/__/ (CODE)	/__/__/ /__/__/__/__/ (MONTH) (YEAR) /__/__/ (AGE)	/__/__/ /__/__/__/__/ (MONTH) (YEAR) /__/__/ (AGE)
6th	/__/__/ (CODE)	/__/__/ /__/__/__/__/ (MONTH) (YEAR) /__/__/ (AGE)	/__/__/ /__/__/__/__/ (MONTH) (YEAR) /__/__/ (AGE)

7th	/__/__/ (CODE)	/__/__/ /__/__/__/__/ (MONTH) (YEAR) /__/__/ (AGE)	/__/__/ /__/__/__/__/ (MONTH) (YEAR) /__/__/ (AGE)

DIRECTIONS: FOLLOW SKIP PATTERNS ABOVE EACH QUESTION.

(IF Q2 = 01, 08, OR 25, ASK): Q5. What brand of birth control did you use? (SHOW CARD #)	(IF Q2 = 01, ASK): Q6. What was the reason or reasons you used birth control pills? (SHOW CARD #2)	(IF Q2 = 01, ASK): Q7. Did you have any complications with birth control pills? (SHOW CARD #3)
/__/__/ (CODE)	/__/__/ (CODE)	YES 1 ---->What were the (CODES) complications? /__/__ / NO 5 /__/__/ /__/__ /
/__/__/ (CODE)	/__/__/ (CODE)	YES 1 ---->What were the (CODES) complications? /__/__ / NO 5 /__/__/ /__/__ /
/__/__/ (CODE)	/__/__/ (CODE)	YES 1 ---->What were the (CODES) complications? /__/__ / NO 5 /__/__/ /__/__ /
/__/__/ (CODE)	/__/__/ (CODE)	YES 1 ---->What were the (CODES) complications? /__/__ / NO 5 /__/__/ /__/__ /
/__/__/ (CODE)	/__/__/ (CODE)	YES 1 ---->What were the (CODES) complications? /__/__ / NO 5 /__/__/ /__/__ /

/__/__/ (CODE)	/__/__/ (CODE)	YES 1 ---->What were the (CODES) complications? /__/__ / NO 5 /__/__/ /__/__ /
/__/__/ (CODE)	/__/__/ (CODE)	YES 1 ---->What were the (CODES) complications? /__/__ / NO 5 /__/__/ /__/__ /